

Application for Employment Augusta, Georgia

HUMAN RESOURCES DEPARTMENT

ROOM 601, MUNICIPAL BUILDING, AUGUSTA, GEORGIA 30911

www.augustaga.gov JOB LINE: (706) 821-2305 PHONE: (706) 821-2303 FAX: (706) 821-2867

In order to be considered for a position, applications must be	e complete. You n	nust PRINT, SIGN a	nd DATE	your applica	tion in INK.
Position Applying For			Date		
Name Last	First			M	I
Current Address	City		State	Zip (Code
Telephone Number(s) ()	()		()	
Have you ever been employed with the City of Aug If yes, Date Po On what date would you be available for work?	gusta or Richmor osition	nd County before?		Yes [] No
If you are under 18 years of age, can you provide religibility to work?				Yes [No N/A
If you are required to register with the Selective Se registration? (Required of males ages 18 – 26.) Are you currently employed?	ervice, can you sn	low proof of		Yes L Yes L	│ No │ N/A │ No
May we contact your present employer? Are you legally eligible to work in the U.S.?				Yes Yes	No No
Do you have any relatives employed with us? If yes, Name If yes, Name	Relation Relation		ept ept	Yes	No
Have you ever been convicted of, plead guilty or no contest to a misdemeanor?* Yes No If yes, please give date and explanation.					
Have you ever been convicted of, plead guilty or no contest to a felony?* If yes, please give date and explanation. A misdemeanor or felony conviction will not necessarily disqualify a job candidate from being considered for a position, unless applicable by law.					
Education					
High School					
School Name and Address				Did you gra	duate?
				Yes	☐ No
	not a high school g	raduate, do you have	a GED?	Yes	☐ No
Technical or Business Schools		G	D: 1	1 0	
School Name and Address	Number of years attended	Course of study	Did you	graduate?	Degree obtained
			Yes		
			☐ Yes	No No	
Colleges/Universities	, ,		ı	1	
School Name and Address	Number of years attended	Course of study	Did you	graduate?	Degree obtained
			Yes Yes	No No	
			☐ Yes	No No	
			Yes	No No	
			Yes		
			Yes	No No	

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Augusta is an Equal Opportunity Employer and does not discriminate on the basis of race, religion, color, gender, age, national origin or disability. Applications are kept on file for 90 days.



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References: List three (3) personal references who are not related to you and are not previous employers.

Name	Address		Phone Number	Years Known	
Employment History List most recent	or current job first: (please cover last eight (8) vears at	tach additional page	if needed)	
Name of Organization	Telephone		Employed	ii iiccaca.)	
Traine of Organization	()	From n		no/yr	
Number and Street Cit	ty State Zip Code		e contact this employ Yes No		
Official Job Title	Name of Supervisor	Pay (ho	ourly rate/salary)		
		Starting	g Fin	al	
Describe Specific Job Duties					
Reason for Leaving					
	Talanhana	Datas I	Z1d		
Name of Organization	Telephone	From n	Employed no/yr To m	no/vr	
Number and Street Cit	ty State Zip Code		e contact this employ		
Trumber and Street	y Suite Zip Code		Yes No	CI.	
Official Job Title	Name of Supervisor	Pay (ho	ourly rate/salary)		
		Starting		al	
Describe Specific Job Duties					
Reason for Leaving	E O R G	1	-A		
	Vm : 5	T			
Name of Organization	Telephone		Employed	/	
Number and Street Cit	ty State Zip Code	From n	no/yr To me contact this employ	•	
Number and Street	ty State Zip Code	Way W	Yes No	CI:	
Official Job Title	Name of Supervisor	Pay (ho	ourly rate/salary)		
	1	Starting	•	al	
Describe Specific Job Duties					
December Leaving					
Reason for Leaving					
List any additional training, skills or equipment you are skilled in operating related to the position in which you are applying. (This may include computer applications, typing speed, a CDL license, or any other skills.)					
Authorization and Daloga					
Authorization and Release My signature on this application form attests to the fact that all information included is true to the best of my knowledge. I am aware that falsification/misrepresentation on any part of this application form and attached resume or credentials may disqualify me for employment or result in immediate dismissal, regardless of when discovered. I understand that any employment pursuant to this application shall be subject to the condition that I pass the pre-employment drug screening urinalysis test and that information regardling use of drugs may be disclosed to the appropriate county representative as a part of the employment process. I further understand that a post-offer of employment physical examination is also required for certain positions, and in those cases, employment is conditional upon successfully passing the examination. All medical information will be classified as confidential. I hereby authorize Augusta to investigate the information contained in my application, and to verify the information that I have submitted. I further authorize any past or present employer, law enforcement agency, or educational institution to release any information contained in my personnel file, police, or school record. I hereby release any individual providing requested information from all liability and agree not to sue for defamation or other claims based upon statements made to any representative of Augusta.					
Signature of Applicant	Date				

Augusta

APPLICANT DATA SHEET COMPLETION OF THIS FORM IS VOLUNTARY

INSTRUCTIONS:

The Augusta government is an equal opportunity employer committed to the policies and principles of affirmative action and equal opportunity. To help us comply with federal equal opportunity record-keeping requirements, please answer the questions on this survey. This information will assist the Human Resources Department in ensuring that our recruitment efforts are reaching all areas in the community and that all protected classes are represented in our applicant pool. This data will be used in periodic government reporting and will be kept in a confidential file separate from the Application for Employment. Failure to submit this data will not in any way affect your opportunity to interview or candidacy for present or future employment.

1.	Ethnic Backgr	hnic Background (Please check all that apply if you are of multi-cultural background):				
	b c	Caucasian (Not African Americ American India Hispanic	an (Not of Hisp	panic Origin) f		slander
2.	Gender:	a Male		b Fei	nale	
3.	Birth Date:	Month	Day	Year	Age	_
4.	How did you h	near about this job?	(Please check a	ll that apply)		
	b c d	Local Newspay State Employn Minority Orga Professional P Current Emplo	nent Agency nization ublication	g Job h Into	ernet	
5.	-	if you are in one or mark all that apply)		ollowing groups rel	ated to Veterans &	Disability
	(or who but f Veterans Adveteran who	ed Veteran - A "disable for the receipt of militar ministration for a disable has been determined urged or released from action	y retired pay woul ility (i) rated at 30 ider section 1506 t	d be entitled to compe percent or more, (ii) ro o have a serious emplo	ensation) under laws ad ated at 10 or 20 percen oyment disability, or (i	ministered by the tin the case of a
	duty for a pe other than a disability if a as (i) any act	an of the Vietnam Era riod of more than 180 d dishonorable discharge, any part of his or her act ive duty occurring betw he Republic of Vietnam	lays during the Vie or (2) was dischartive duty was perfore veen August 5, 196	etnam Era and who wa ged or released from a formed during the Viet of and May 7, 1975 or	as discharged or release active duty for a service mam Era. The "Vietnar (, (ii) any active duty pa	d there from with e-connected n Era" is defined
	war or in a ca	rotected Veteran - "Otl ampaign or expedition f agements is available or	for which a campai	ign badge has been au	thorized. A complete l	

or menta	ndividual with a Disability - An "individual with a disability" is defined as a person who (1) has a physical l impairment which substantially limits one or more of his or her major life activities, (2) has a record of pairment, or (3) is regarded as having such an impairment.
to do bec	pecial methods, skills, and procedures which qualify you for positions that you might not otherwise be able cause of your disability, so that you will be considered for any positions of that kind. Please feel free to tra pages as needed.
including	accommodations which we could make which would enable you to perform the job properly and safely, g special equipment, changes in the physical layout of the job, elimination of certain duties relating to the ision of personal assistance services or other accommodations. Please feel free to attach extra pages as
Departm Resource	eve a disability and require accommodations for interviewing, then please inform the Human Resources ent when you are contacted regarding your opportunity to interview. You may also contact Human es at 706-821-2303 with any questions that you might have. Additionally, you may contact the Equal nent Opportunity Office at 706-826-4789 with questions regarding accommodations for interviewing.
Гhank You for yo	ur cooperation! Augusta Human Resources looks forward to serving you!
NAME	DATE OF APPLICATION
TITI F OR PO	SITION FOR WHICH YOU ARE APPLYING

Applicants are considered for all positions without regard to race, color, religion, gender, national origin, age or disability.